

## 6- MONTH FOLLOW-UP REPORT

**Mental Health**     **CIP**     **Re-Entry**

Please collect and report data on the following performance measures for each juvenile served through the Mental Health / CIP / Re-Entry programs. This report is intended to track long-term impacts from these programs. The reporting period for this report starts with the date the juvenile completed treatment / services.

<b>County Name:</b>	<b>IJOS / County ID #:</b>
<b>Grant/Project Number:</b>	
<b>Legal Status</b>	
Committed a NEW offense (check if juvenile has been arrested or seen by a juvenile court for a NEW offense)	<input type="checkbox"/>
Committed a Probation Violation (check if a formal Probation Violation has been filed for the juvenile)	<input type="checkbox"/>
<b>Current Supervision Status</b>	
On Probation	<input type="checkbox"/>
In Diversion	<input type="checkbox"/>
Has a job	<input type="checkbox"/>
In school or has completed school or vocational training.	<input type="checkbox"/>
Released from Supervision ( <b>List Date</b> )	
Committed to State Custody ( <b>List Date</b> )	
<b>Comments</b> (explanation of data/successes/challenges, change in supervision status, etc.)	
<input type="checkbox"/> <b>I certify the information provided is accurate and I am the signing authority for this grant project.</b>	
_____	_____
Name	Date

Attach file to an email message and send to: [dawn.wilson@idjc.idaho.gov](mailto:dawn.wilson@idjc.idaho.gov)

**COMPLETE A FORM FOR EACH JUVENILE RECEIVING SERVICES**

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